

Confidentiality Agreement: Parent/Guardian

Date of Observation: _____

Student's Name: _____

Grade: _____

Teacher's Name: _____

Purpose of Observation: _____

I have read and acknowledge the Lincoln Public School District Policy on Classroom Observations and will adhere to the guidelines and policy. I have received approval from the District to conduct a classroom observation.

By signing this form, I Agree to the following terms and conditions for my classroom observation:

1 Confidentiality and Privacy:

I understand that all students in the classroom, including my child, are entitled to privacy under federal and state laws, including but not limited to the **Individuals with Disabilities Education Act (IDEA)**, **FERPA**, **HIPAA**, and **Section 504 of the Rehabilitation Act**. I agree to respect the confidentiality of all students, their personal information, and any educational records I may observe during my visit. I will hold any information that I obtain regarding any other student during my observation in strictest confidence in compliance with applicable law, regulation, and policy.

2 Limited Interaction:

I agree not to interact with the teacher, students, or staff during the observation unless specifically invited by the teacher. I will not interrupt the classroom activities or engage in conversations with others in the room during the observation.

3 Photography and Recording:

I Agree not to take photographs, videos, or audio recordings during the observation. Any unauthorized use of electronic devices to record or capture images is prohibited.

4 Observation Limitations:

I acknowledge that the observation will last **30 minutes** unless otherwise authorized by the school administration. If at any time the observation becomes disruptive or the guidelines are not followed, I understand that I may be asked to leave the classroom.

5 Conduct:

I Agree to conduct myself in a manner that does not disrupt the educational process. Any behavior deemed disruptive by the school principal or staff will result in the termination of the observation.

Acknowledgment of Policies:

By signing below, I acknowledge that I have read and understood the terms of this agreement and consent to observe in the classroom according to **Lincoln Public Schools Classroom Observation Policy**.

(Printed): _____

Signature: _____

Date: _____

First Reading: January 13, 2025

Second Reading: February 10, 2025

Approved: February 10, 2025

Confidentiality Agreement: Educational Consultant/Professional Observer

Date of Observation: _____ Student's Name: _____ Grade: _____
Teacher's Name: _____ Consultant/Organization: _____

Purpose of Observation: _____

I have read and acknowledged the Lincoln Public School District Policy on Classroom Observations and will adhere to this and other District guidelines and policies. I have received approval from the District to conduct a classroom observation. As an educational consultant, evaluator, or professional observer, I am permitted to observe a classroom setting to gather information regarding educational services, assessments, or consultations. In doing so, I must adhere to the guidelines set forth by the Lincoln Public Schools District to ensure that federal law, student privacy, and confidentiality are maintained at all times.

By signing this form, I Agree to the following terms and conditions:

1. Release

Before engaging in an observation of a student, I will present an appropriate release from the student's parent.

2. Confidentiality and Privacy:

I agree to uphold the confidentiality of all students observed, including personal information, academic records, and any other private data I may learn during the observation. I Will comply with all applicable federal and state laws, including the **Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act**, FERPA, HIPPA, and Rhode Island's **Regulations Governing the Education of Children with Disabilities**.

3. Limited Interaction and Purpose of Observation:

I agree not to engage in any direct interaction with the teacher, students, or other staff members during the observation unless the teacher or administrator requests my input. Observations are to remain solely focused on data collection for professional purposes.

4. Photography and Recording:

I understand that the use of photography, video, or audio recording devices during the observation is prohibited. This includes the use of smartphones or other devices for recording or capturing images.

5. Observation Scope:

I acknowledge that the observation will be limited to **30 minutes** unless otherwise authorized by the school administration. If any part of my observation is deemed disruptive or outside the scope of the professional purpose, I may be asked to leave the classroom immediately.

6. Confidential Reports and Data:

I Agree to provide any reports or data generated from my observation to the school district as required. These reports will be used for educational purposes and must be shared with relevant school staff, the student's parents, or others as deemed necessary by the district.

7. Conduct:

I agree to maintain a professional and respectful demeanor at all times and to refrain from any conduct that may disrupt the classroom environment or the educational process. If I Am found to be disruptive, the school may terminate the observation and may restrict or deny my privilege to observe in the future.

8. Indemnification

I agree to indemnify and hold harmless the Lincoln Public School District and all of their agents, employees, and volunteers from any and all claims, damages, and expenses (including legal defense fees) arising out of release of confidential information or injuries to persons or damage to property which result from any intentional acts, omissions or negligent acts or violations of the student observation policy.

Acknowledgment of Policies:

By signing below, I acknowledge that I have read and understood the terms of this agreement and consent to observe in the classroom according to **Lincoln Public Schools Classroom Observation Policy**.

Consultant/Professional Observer Name (Printed): _____

Signature: _____

Title/Role: _____

Organization (if applicable): _____

Date: _____

First Reading: January 13, 2025

Second Reading: February 10, 2025

Approved: February 10, 2025